



The Law Offices of  
**Carol Bertsch, PC**

*Assisting Seniors, Helping Families*

**ESTATE PLANNING QUESTIONNAIRE**  
**(COUPLE)**



*One of the kindest things you can do for your family is to have an estate plan in place. It helps to eliminate discord, and confusion at a time when emotions can already run high*

### ***For Our information:***

Are you interested in receiving our email newsletter? \_\_\_No \_\_\_Yes

Who referred you to us?\_\_\_\_\_

Who is the contact person for this matter?\_\_\_\_\_

### **Tell us a little about yourselves:**

#### **Spouse 1:**

Name:\_\_\_\_\_

Address:\_\_\_\_\_

City, State, Zip\_\_\_\_\_

Phone No.:\_\_\_\_\_ Alternate Phone No:\_\_\_\_\_

Date of Birth:\_\_\_\_\_ Email:\_\_\_\_\_

#### **Spouse 2:**

Name of Spouse:\_\_\_\_\_

Address:\_\_\_\_\_

City, State, Zip:\_\_\_\_\_

Phone No.:\_\_\_\_\_ Alternate Phone No:\_\_\_\_\_

Date of Birth:\_\_\_\_\_ Email:\_\_\_\_\_

How many children do you have? \_\_\_\_\_

(If none, skip to the next section. If you have more than four children, continue on another sheet)

Child's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone No: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

\_\_\_\_ Child of Spouse 1      Child of Spouse 2 \_\_\_\_      Child of Ours \_\_\_\_

Child's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone No: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

\_\_\_\_ Child of Spouse 1      Child of Spouse 2 \_\_\_\_      Child of Ours \_\_\_\_

Child's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone No: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

\_\_\_\_ Child of Spouse 1      Child of Spouse 2 \_\_\_\_      Child of Ours \_\_\_\_

Child's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone No: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

\_\_\_\_ Child of Spouse 1      Child of Spouse 2 \_\_\_\_      Child of Ours \_\_\_\_

Do any of your children have Special Needs and are receiving or may need to receive benefits in the future?: \_\_\_\_\_

Which benefits: \_\_\_\_\_

Do you have grandchildren? \_\_\_\_\_ yes \_\_\_\_\_ no  
(if no skip next section)

Will you be making provisions for them in your will? \_\_\_\_\_ yes \_\_\_\_\_ no  
(if yes what are the names of your grandchildren)

Grand Child's Name: \_\_\_\_\_

Grand Child's Name: \_\_\_\_\_

Grand Child's Name: \_\_\_\_\_

Grand Child's Name: \_\_\_\_\_

Grand Child's Name: \_\_\_\_\_

Grand Child's Name: \_\_\_\_\_

*A Supplemental Needs Trust is for someone with a disability and they are receiving SSI or Medicaid. This trust allows them to receive money or property without losing their eligibility for these funds*

## Statutory Durable Power of Attorney

A financial power of attorney is a good document to make for yourself, but it can also be a great help for your family.

If you become unable to decide for yourself and you haven't prepared a durable power of attorney, a court proceeding may be necessary.

Choose someone who will handle your finances similarly to how you would.

## Statutory Durable Power of Attorney

(If you have already provided addresses and phone numbers, you do not have to write them down again – just give the name)

**Spouse 1:** \_\_\_\_\_

Name of First Agent: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone No: \_\_\_\_\_

Name of Second Agent: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone No: \_\_\_\_\_

Name of Third Agent: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone No: \_\_\_\_\_

**Spouse 2:** \_\_\_\_\_

Name of First Agent: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone No: \_\_\_\_\_

Name of Second Agent: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone No: \_\_\_\_\_

Name of Third Agent: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone No: \_\_\_\_\_

## Medical Power of Attorney

### Medical Power of Attorney

(If your agents will be the same people as the Statutory Durable Power of Attorney, just give the first name)

Spouse 1: \_\_\_\_\_

Name of First Agent: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone No.: \_\_\_\_\_

Name of Second Agent: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone No.: \_\_\_\_\_

Name of Third Agent: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone No.: \_\_\_\_\_

### HIPAA

(You may add additional people who can access your medical information).

Name of Person: \_\_\_\_\_

Name of Person: \_\_\_\_\_

Name of Person: \_\_\_\_\_

Name of Person: \_\_\_\_\_

A Medical Power of Attorney allows you to select the person that you want to make healthcare decisions for you if and when you become unable to make them for yourself.

Choose someone who can navigate the medical field and who will advocate for you regarding medical decisions.

### HIPAA

Health Insurance Portability and Accountability Act

A major goal of the Privacy Rule is to assure that individuals' health information is properly protected while allowing the flow of health information needed to provide and promote high quality health care and to protect the public's health and well-being.

The HIPAA document continues for two years after your death.

## Medical Power of Attorney

### Medical Power of Attorney

(If your agents will be the same people as the Statutory Durable Power of Attorney, just give the first name)

Spouse 2: \_\_\_\_\_

Name of First Agent: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone No.: \_\_\_\_\_

Name of Second Agent: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone No.: \_\_\_\_\_

Name of Third Agent: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone No.: \_\_\_\_\_

### HIPAA

(You may add additional people who can access your medical information).

Name of Person: \_\_\_\_\_

Name of Person: \_\_\_\_\_

Name of Person: \_\_\_\_\_

Name of Person: \_\_\_\_\_

A Medical Power of Attorney allows you to select the person that you want to make healthcare decisions for you if and when you become unable to make them for yourself.

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### HIPAA

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*Other documents to think about:*



**Declaration of Guardian**

Generally we use the people who you have chosen as your Financial and Medical Power of Attorney.

The court will pay attention to this document if there comes a time and you are determined to



**Directive to Physician**

(Living Will)

This is the document that you can be clear about your end of life.

You tell your agents what your preferences are. Stay alive until every possibility is exhausted or palliative care only.

**Your Will**

Spouse 1: \_\_\_\_\_

Executor: \_\_\_\_\_

Executor: \_\_\_\_\_

Executor: \_\_\_\_\_

Trustee: \_\_\_\_\_

Trustee: \_\_\_\_\_

Trustee: \_\_\_\_\_



## Your Will

Spouse 2: \_\_\_\_\_

Executor: \_\_\_\_\_

Executor: \_\_\_\_\_

Executor: \_\_\_\_\_

Trustee: \_\_\_\_\_

Trustee: \_\_\_\_\_

Trustee: \_\_\_\_\_

*Did you know:*

*If you don't have a will, then the state decides how your assets get divided?*

*If you do have a will, you must take it to court and have it approved, before it is effective.*

Disposition of Assets:  
(What %)



Spouse 1: \_\_\_\_\_

Spouse: \_\_\_\_\_ %

Children: \_\_\_\_\_ %

Grandchildren \_\_\_\_\_ %

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Charities:

\_\_\_\_\_ %

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_ %

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_ %

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Phone: \_\_\_\_\_

**Disposition of Assets:**

(What %)



Spouse 2: \_\_\_\_\_

Spouse: \_\_\_\_\_ %

Children: \_\_\_\_\_ %

Grandchildren \_\_\_\_\_ %

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Charities:**

\_\_\_\_\_ %

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_ %

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_ %

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Phone: \_\_\_\_\_

## **Should you have a trust?**

### **Advantages:**

- 1. Continuity of Management during disability**
- 2. Flexibility**
- 3. Avoidance of Probate**
- 4. Availability of Assets at death**

### **Disadvantages:**

- 1. If you don't get all your property re-titled into the trust, then you may still need to probate the estate.**
- 2. Does not adapt automatically to changed circumstances (marriage, divorce, children). You need to keep it updated to new circumstances.**

**Assets:**

<b>Type</b>	<b>Spouse 1</b>	<b>Spouse 2</b>	<b>Joint</b>	<b>Value</b>
<b>Real Estate</b>				
<b>Accounts</b>				
<b>Checking</b>				
<b>Saving</b>				
<b>Vehicles</b>				
<b>Investments</b>				
<b>Retirement/Pension</b>				
<b>Stocks, Bonds</b>				
<b>Life Insurance</b>				

**Total Value of Estate: \$** \_\_\_\_\_